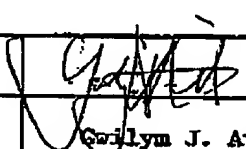


Sample Form (00-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Application of: <b>Lisa Marie Thomasco, et al.</b>					
Application No. <b>09/738,022</b>					
Filed: <b>15 December 2000</b>					
Title: <b>Oxazolidinone Photoaffinity Probes</b>					
Attorney Docket No. <b>00159.US1</b>	Art Unit <b>1624</b>				
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td><b>Lucy X. Yang</b></td><td><b>40,259</b></td></tr></tbody></table>		Name	Registration Number	<b>Lucy X. Yang</b>	<b>40,259</b>
Name	Registration Number				
<b>Lucy X. Yang</b>	<b>40,259</b>				
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>					
<b>SIGNATURE of Practitioner of Record</b>					
Signature 	Date				
Name <b>Gaylym J. Attwell</b>	Registration No., if applicable <b>45,449.</b>				
Telephone <b>215.665.6904</b>					

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.

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